### UNITED STATES BANKRUPTCY COURT DISTRICT OF MASSACHUSETTS

### OFFICIAL LOCAL FORM 3A POST-CONFIRMATION AMENDED CHAPTER 13 PLAN

DATED: July 26, 2017

Docket No : 17-40208

POST-CONFIRMATION <u>AMENDED</u> CHAPTER 13 PLAN (Insert First, Second etc.)

| DEBTORS:                            | (H)            | Michael Conv                             | vell   | SS#:                     | xxx-xx-7141                              |
|-------------------------------------|----------------|--|--|--------------------------|--|
|                                     | (W)            | Carol Casey-0                            | Conwell  | SS#:                     | xxx-xx-6846                              |
| I AMENDED                           | DYAN           | I PAYMENT A                              | ND TEDM.   |                          |  |
| I. AIVIENDED                        | PLAP           | PAIMENI A                                | AND TERM:  |                          |  |
| TERM OF THE<br>months, a stater     | E PLAI         | l: <u>60 Months (1</u><br>cause under 11 | Total length of Plan - not no. of month U.S.C.§1322(d) must be attached he | ns remaining.) If ereto. | the plan is longer than thirty-six (     |
| AMENDED PL                          | AN PA          | YMENT: Deb                               | tor(s) to pay monthly: \$_1,254.00   | -                        |  |
| EFFECTIVE: 8                        | /1/201         | 7 (Insert new pa                         | nyment beginning date.)  |                          |  |
| The claims liste<br>withdrawn or di | d belovisallow | w must include ed.                       | amounts previously disbursed by the  | Trustee on all cla       | ims which have subsequently bee          |
| II. SECURED                         | CLAI           | MS                                       |  |                          |  |
| A. Claims to be                     | e paid t       | hrough the plan                          | (including arrears):   |                          |  |
| Creditor                            |                |  | Description of Claim (pre-petition arrears, purchase money, etc.)          |                          | Amount of Claim                          |
| MMCA/C1                             |                |  | Pre-petition arrears   | \$ _                     | 382,87                                   |
| Ditech Financi                      | al LLC         |  | Pre-petition arrears   | \$_                      | 55,190.25                                |
| Total                               | of secu        | red claims to be                         | e paid through the Plan: \$  | 55,573.                  | 12                                       |
| B. Claims to be                     | paid d         | irectly by debto                         | or to creditors (Not through Plan):  |                          |  |
| Creditor                            | -11.10         |  | I  | Description of Cla       | im                                       |
| Ditech Financi MMCA/C1              | ai LLC         | <del></del>                              | Automobile   |                          | <del></del>                              |
| C. Modification                     | of Sec         | cured Claims:                            |  |                          |  |
| Creditor                            |                |  | Details of Modification<br>(Additional Details<br>May Be Attached)         |                          | Amt. of Claim to Be Paid<br>Through Plan |
|                                     |                |  |  |                          |  |
| -NONE-                              |                |  | may be Auachedy  |                          |  |
|                                     |                |  |  | <u> </u>                 |  |
| -NONE-                              | a D-l-t        |  | o reject the residential/personal prope                                    |                          |  |

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ii. The Debtor(s) intend(s) to assume the residential/personal property lease claims of

; or

-NONE-

| iii. The arrears under the  | lease to be paid under the plan are                        |                    |                                 |
|---|--|--------------------|---------------------------------|
| III. PRIORITY CLAIMS  |  |                    |                                 |
| A. Domestic Support Obligations:  |  |                    |                                 |
| Creditor -NONE-   | Description of Claim                                       | \$                 | Amount of Claim                 |
| B. Other:   |  |                    |                                 |
| Creditor IRS  | Description of Claim                                       | \$                 | Amount of Claim 0.00            |
| Mass. Department of Revenue   | *  |                    | 125.00                          |
| To  | otal of Priority Claims to Be Paid Through the             | Plan: \$           | 125.00                          |
| IV. ADMINISTRATIVE CLAIMS   |  |                    |                                 |
| A. Attorneys Fees (to be paid throu                                       | gh the plan):  |                    | \$ <u>5,000.00</u>              |
| B. Miscellaneous Fees:  |  |                    | _                               |
| Creditor -NONE-   | Description of Claim                                       | \$                 | Amount of Claim                 |
| C. The Chapter 13 Trustee's fee is a set forth utilizes a 10% Trustee'    | determined by Order of the United States Attos commission. | orney General. The | e calculation of the Plan payme |
| V. UNSECURED CLAIMS   |  |                    |                                 |
| The general unsecured creditors shall                                     | ll receive a dividend of <u>100</u> % of their cla         | ims.               |                                 |
| A. General unsecured claims:  |  |                    | \$7,469.19                      |
| B. Undersecured claims arising after                                      | r lien avoidance/cramdown:                                 |                    |                                 |
| Creditor -NONE-   | Description of Claim                                       | \$                 | Amount of Claim                 |
| C. Non-Dischargeable Unsecured C  | laims:   |                    | <u>.</u>                        |
| Creditor -NONE-   | Description of claim                                       | \$                 | Amount of Claim                 |
| Total of Unsecured Claims (A + B +  | - C):  | \$                 | 7,469.19                        |
| D. Multiply total by percentage: (Example: Total of \$38,500.00 x .22 div | idend = \$8,470.00)  |                    | \$_7,469.19                     |

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| E. Separately classified unsecur                              | ed claims (co-borrower, etc.):                 |                        |                           |
|---|--|------------------------|---------------------------|
| Creditor -NONE-   | Description of claim                           | \$                     | Amount of claim           |
| Total amount of separa  | tely classified claims payable at%             | \$                     | 0.00                      |
| VI. OTHER PROVISIONS:   |  |                        |                           |
| A. Liquidation of assets to be us                             | ed to fund plan:                               |                        |                           |
| B. Miscellaneous provisions:<br>No fees beyond allowed by the | local rules shall be paid until a fee applica  | tion has been filed ar | nd allowed by this court. |
| C. Set forth below, all changes for                           | rom the previously Confirmed Plan:             |                        |                           |
| Secured:  |  |                        |                           |
| Priority:   |  |                        |                           |
| Unsecured:  |  |                        |                           |
| Term:   |  |                        |                           |
| Plan Payment:   |  |                        |                           |
| VII. CALCULATION OF AME                                       | NDED PLAN PAYMENT                              |                        |                           |
| a) Secured claims (Section II-A                               | &D Total):                                     | \$                     | 55,573.12                 |
| b) Priority claims (Section III-A                             | A&B Total):                                    | \$                     | 125.00                    |
| c) Administrative claims (Section                             | on IV-A&B Total):                              | \$                     | 5,000.00                  |
| d) Regular unsecured claims (S                                | •  | \$                     | 7,469.19                  |
| e) Separately classified unsecure                             |  | \$                     | 0.00                      |
| f) Total of $a + b + c + d + e$ abov                          |  | <b>\$</b>              | 68,167.31                 |
| g) Divide (f) by .90 for total incl                           | •  |                        |                           |
|   | Cost of Plan=                                  | \$                     | 75.741.47                 |
|   | s the total amount to be paid into the Chapter | 13 Plan)               |                           |
| n) Subtract the total amount of p date:                       | ayment the Debtor has paid to the Trustee to   | \$                     | \$4,280                   |
| <ul><li>i) Total amount left to be paid (g</li></ul>          | minus h)                                       | \$                     |                           |
| j) Divide (i) by # of months remain                           | •  | Ψ                      | 70,461.47                 |
|   | mended Monthly Plan Payment:                   | <u> </u>               | 1 254 00                  |
| -   | · · · · · · · · · · · · · · · · · · ·          | Φ                      | <u>1,25</u> 4.00          |

Date Amended Payment to begin: 8/1/2017

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#### VIII. LIQUIDATION ANALYSIS

|            | Fair l   | Market Value  | Total A   | Amount of Recorded Liens<br>(Schedule D)  |
|------------|--|---|---|---|
| MA<br>     |  | 457,344.00  | \$  | 319,043.00  |
| \$         | 138,301.00   |   |   |   |
| \$         | 138,301.00   |   |   |   |
| \$         | 0.00   |   |   |   |
| d model):  |  |   |   |   |
| _ Value \$ |  | _Lien \$  |   | Exemption \$  |
| \$ 0.00    |  |   |   |   |
|            |  |   |   |   |
|            |  |   |   |   |
|            |  | -   |   | -   |
|            |  |   |   |   |
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|            |  |   |   |   |
|            |  |   |   |   |
|            |  |   |   |   |
|            | \$\$ \$\$ d model):  Value \$ \$ 0.00 \$ 0.00 \$ 0.00 \$ on Schedule B | \$ 138,301.00<br>\$ 138,301.00<br>\$ 0.00<br>d model):<br>Value \$ \$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ on Schedule B): (Itemize as near | \$ 138,301.00<br>\$ 138,301.00<br>\$ 0.00<br>d model):<br>Value \$ Lien \$ \$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ on Schedule B): (Itemize as necessary) | \$ 138,301.00<br>\$ 138,301.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ on Schedule B): (Itemize as necessary) |

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|-----|------|---------|-------------|
| IX. | SIGN | I A I I | 1KE9        |

Pursuant to the Chapter 13 rules, the debtor(s) or his or her counsel will serve a copy of the Plan upon the Chapter 13 Trustee, all creditors and interested parties, and file a Certificate of Service accordingly.

| /s/ Her        | rbert Weinber | 3                                       |                                       | 7/26/2017   |
|----------------|---------------|---|---------------------------------------|---|
| Herbe          | rt Weinberg   | 50415                                   |                                       | Date  |
| Debtor         | r's Counsel   |   |                                       |   |
| Couns          | el's Address: | 805 Turnpike Stree<br>North Andover, Ma |                                       |   |
| Tel# <u>(9</u> | 78) 683-24791 | ax:(978) 682-3041                       | Email Address: hwein                  | perg@jrhwlaw.com  |
|                |               |   | TIES OF PERJURY TH<br>OF OUR KNOWLEDG | AT THE FOREGOING REPRESENTATIONS OF FACT ARE<br>E AND BELIEF. |
| Date _         | 7/26/2017     |   | Signature                             | /s/ Michael Conwell  Michael Conwell  Debtor                  |
| Date _         | 7/26/2017     |   | Signature                             | /s/ Carol Casey-Conwell  Carol Casey-Conwell  Joint Debtor    |